Montana Health Care Programs Notice
All Providers

Updated September 1, 2011

HIPAA 5010/OCR Qualifier Changes Effective January 1, 2012

Montana Health Care Programs will **not** be requiring PXC as the taxonomy qualifier on CMS-1500 paper claims and will continue accepting only the ZZ value to indicate taxonomy. We will only be accepting G2 (Provider Commercial Number) as the provider secondary identifier (in place of the current 1D (Medicaid) for paper claims received January 1, 2012 and after, regardless of date of service per the CMS-1500 billing instructions, version 7.0, dated 07/11, on the NUCC website (http://www.nucc.org).

Montana Health Care Programs will **not** be requiring PXC as the taxonomy qualifier on UB-04 paper claims and will continue accepting only the B3 value to indicate taxonomy. We will accept only 1D (Medicaid) to indicate secondary provider identifier on the UB-04 forms even after January 1, 2012, since no instructions have been published to indicate otherwise at this point.

Electronic 837P (professional), 837D (dental) and 837I (institutional) claim transactions submitted to Montana Health Care Programs on or after January 1, 2012, must be in the HIPAA 5010-compliant format, which includes the PXC value for taxonomy and the G2 value for provider secondary identifier. Transactions sent with ZZ as the taxonomy qualifier or 1D as the provider secondary identifier qualifier after January 1, 2012, will be rejected at the translator as invalid, resulting in a negative 999 transaction returned to the submitter.

For additional information regarding changes to the electronic transactions, refer to the 5010 X12 Technical Reports (TR3) documents, available from Washington Publishing Company at http://www.wpc-edi.com/content/view/67/96/.

Contact Information

For claims questions or additional information, contact Provider Relations:
Provider Relations toll-free in- and out-of-state: 1-800-624-3958
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Visit the Provider Information website:
http://medicaidprovider.hhs.mt.gov/